Date drilling completed: 5/2

Part 1 - Driller's Log

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:
Aquifer: Well #: 22
L. S. Elevation:
E-log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Department at the above address within 30 days of comp	Well or Borehole Location
Information on Well Owner	11 CI OI DOLCHOIC MOST
(Landowner if borehole is not for a water well)	Latitude: 33 957 97 Longitude 070 93.65W
Owner Name BILL to MAMOS,	Method of Lat/Long (circle one): Conventional Survey,
- · · · · · · · · · · · · · · · · · · ·	USGS quad, Hand-held GPS, Survey-grade GPS
Mailing Address: Merph 15 Few William 5760 Sandelin STE 1 Memples TN 38117	1
Words in Alexander TOV 38117	1/4 Sec 25 Two 5/4 Rng 400
City State Zip Code	Distance Direction Nearest Town
City	Miles — MILUEIVEU
Telephone No. ()	1 D 2 000
Well / Bore	
Date drilling started: 5/26 Date drilling completed: 5/26	Hole depth: // Hole diameter: YMD JOINT WATER
a section word for drilling	AMEIND JOINT THE TRICT
Date drilling started: Date drilling completed: Date drilling completed	lopment: / LB /el M/MAGEINEIN DIOTHIO
Logs run (circle all applicable) No log run Electric Gamma Ray	Density Sonic Neutron Other:
Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geotechnical/Geo	logical Investigation Ground Source Heat Pump
Seismic SurveyOther (describ	e)
If drilling is not related to water well construction	on, skip the remained. Grant
Purpose of Well (check one): Home Industrial Public Suppl	y Irrigation Fish Culture Other:
If a flowing well method of flow regulation: Valve	Other (describe)
Static Water Level: 26 feet above or below (circle one)	land surface Date measured: 5727
Method of Measurement (circle one) steel tape electric tap	
Well depth: 120 Well grouted to a depth of 10 feet Typ	
1	The of position PVC
	inches Type of casing:
Screen length: 40 feet Screen diameter: 16	inches Type of screen:
Screen slot size: 1050 inches Setting depth: From	80 feet to 120 feet
Type of completion (circle all applicable): Gravel packed Und	
Other (describe):	
· · ·	
Top of lap pipe or reduction in easing:feet. If	telescopea or more man one screen, describe on most prize



•	State W	Vell Report	
0 - 1/2 - 1/2 1	Part 1 – I	For Office Use Only:	
County: COA hom A		Aquifer:	
Permit # 6W U0278		nt of Environmental Quality and Water Resources	
		Box 10631	Well #: 1
Driller: Houston DRILLINS		AS 39289-0631	L. S. Elevation:
Date drilling completed: 5/26		961-5210	L. S. Elevation.
Date drining completed.	` ,	4-6938 (fax)	E-log #:
	(/	,	
State Law requires that this repor	t be prepared by the lic	ense holder responsible for t	he work and filed with the
Department at the above address	within 30 days of comp	pletion of drilling of the well	or borehole.
Information on Well C		Wall on Do	mahala I agation ——
(Landowner if borehole is not fo	r a water well)	93 54 91	Longitude 10 3.
Owner Name B124 to h	n Mas	Latitude: 50 Str 07	Longitude 10 5.
• • •		Method of Lat/Long (circle or	ne): Conventional Survey.
Mailing Address: Menphi	s tem		
		USGS quad, Hand-held	GPS, Survey-grade GPS
5160 SAND	EKLIN	1, 2, 25	Twn 25 N Rng 4W
Memphs th	1 20117	¼¼ Sec	Iwn Rng
City Stat	e Zip Code	Distance Direction	Nearest Town
,		Miles	of
Telephone No. (961) 766 - 9	<u>075 </u>		
	Well / Bore		, <i>t</i>
Date drilling started: 5/26 Date dri	lling completed: 5/24	Hole depth: 120	Hole diameter: 24
Location of the source of any surface, water	rused for drilling:	AMe	
Location of the source of any surface water Method of dosing and volume of Chlorine	used in drilling and devel	opment: 1 B Del	1000
Logs run (circle all applicable) No log run		Density Sonic Neutron	Other:
Name of organization running log(s):			
Purpose of borehole (check one): Water We	ell Geotechnical/Geolo	ogical Investigation Ground	Source Heat Pump
Seismic S	urvey Other (describe))	
		n, skip the remainder of this blo	ck
		1/51.61	Other
Purpose of Well (check one): Home In	dustrial Public Supply	Irrigation Fish Culture _	Otner:

Screen slot size: <u>650</u> inches Setting depth: From ____

Top of lap pipe or reduction in casing: _

Casing length: 80 feet

Screen length: 40 feet

Screen diameter: 16 inches

Casing diameter: ________inches

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Gentonite Mix

air line

Other (describe):

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole

Date measured:__

Type of casing:

Type of screen: <u>P//C</u>

Natural Development

RECEIVED

If a flowing well, method of flow regulation: Valve _____ Other (describe)

Static Water Level: 26 feet above or below (circle one) land surface

Method of Measurement (circle one) (steel tape) electric tape

SEP 1 2 2005

JUL 28 2005

BY: OLWADI. WBY: OLWA

The sketch below only required for water wells

<u>If well telescopes, </u>	show	depths	on	sketch.
Ground Level		-,		

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

DAVIDAR

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
CLAV	\sim	1/3
FINE SAND	/3	223
COALSE SAIDY	43	120
GLANOI		1
· week · · · · · · · · · · · · · · · · ·		
		
		<u> </u>
		
	44.4	
		
	<u> </u>	ļ
		
		لـــــــا

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow. **Rown Roll **Rown Rown Roll **Rown Roll **Rown Roll **Rown Roll **Rown Roll **Rown Rown Roll **Rown Rown Roll **Rown Rown Roll **Rown Rown Rown Roll **Rown Rown Rown Roll **Rown Rown Rown Rown Roll **Rown Rown Rown Rown Roll **Rown Rown Rown Rown Rown Rown Rown Rown	an,
Landowner Name:	

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Print Name of Responsible Licensee agencehse 12005

JUL 2 852995 ure of Licensee

BY: OLWR

BY: OLWR

Well Owner Information

93/07/2006 17:38 FAX

Permit #:

Doller:

Date completoil:

Owner Name:

Mailing Address: 5/60

CIRCLE S IRRIGATION

STATE WELL REPORT

Part 2 Pump Installer's Completion Report

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631

(601)354-6938 (fax)

Elevation: (601)961-5210

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the Installation of pump. A copy of Part 1 of this report must be attached to this report.

Latitude: 34. 00, 36. Longitude: 090 . 33, 50.

Fur Office Use Only:

Well#: N-/22

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

1/4 Sec 25 Twn 25 N Rng YW

Aquifer:

Nearest Town Direction Distance

Miles _____ of __

Power Type Pump Type Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Submersible Air Lift Jet Tractor PTO Hand Turbine Electric Motor Pigton Bucket Other (specify): Windmill Flowing Well Rotary Contrifugal H.P. Horse Power Rating of Motor: Other (specify): feet Setting Depth: 2200 Number of Stages: Gallons Per Minute Rated Pump Capacity: _

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested:	Air Line Electric Measuring Line Steel Tape		
Static Water Level (A): 28 Feet Below Land Surface	Other (specify):		
Pumping Water Level (B):Feet Below Land. Surface			
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate: Gallons Per Minute	Well yieldedGPM with a dawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet after hours of pumping		

		ove statements are tru	a ta the hard see	w knowledge
HEREBY CER	TIFY that the at	ove statements are qu	ie to me neal with	TA THOM POR

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer